



State of Louisiana

Department of Health and Hospitals
Genetic Diseases Program

Newborn Heel Stick Screening

REGISTRATION FORM FOR USING THE SECURED REMOTE VIEWER

I, _____ am hereby requesting authorization to use the

(Signature)

Secured Remote Viewer (SRV) for only receiving newborn screening results of patients to whom I will provide continued medical care.

PLEASE PRINT THE INFORMATION BELOW

1. Name:

2. Email Address:

3. Name of Hospital, Clinic or Health Unit:

4. Address: Street, City, State and Zip Code

Street

City

State

Zip Code

5. Telephone number: (____) _____

Area Code

Telephone

Fax number: (____) _____

6. Return the completed form to Belinda Kassel by fax at 504-568-8253 or via email at Belinda.Kassel@la.gov.

Once your registration form is received an email will be sent inviting you to join the system.